

TRILAKES DIAGNOSTIC IMAGING
523 STATE HWY 248 STE 300
BRANSON, MO 65616

Date: 10/06/2015

Amt: \$0.00

Patient Name: [REDACTED]
Patient ID: [REDACTED]
Provider Name: TRILAKES DIAGNOSTIC
IMAGING

Insured's Name: [REDACTED] Age: [REDACTED]
Acct: [REDACTED]
Claim#: [REDACTED]

Service Date(s)	Proc#	Mod1	Mod2	Total Billed	Allowed Amount	Prov Resp	Interest	Pt's Copay	Pt's Ded	Pt's Coins	Checks Received	Net Payment	See Remarks
9/23/2015	9/23/2015	71020		150.00	48.58	101.42	0.00	0.00	48.58	0.00	0.00	0.00	DJ
Totals				150.00	48.58	101.42	0.00	0.00	48.58	0.00	0.00	0.00	

Professional - Payment for out of network services calculated using a formula based on generally accepted amounts. For additional information, refer to dataisight.com or 866-835-4022.

Remarks

DJ Paid according to plan benefits

Provider Totals	Total Billed	Allowed Amount	Prov Resp	Interest	Pt's Copay	Pt's Ded	Pt's Coins	Checks Received	Net Payment
	150.00	48.58	101.42	0.00	0.00	48.58	0.00	0.00	0.00

Summary

Amt Paid 0.00
Advances 0.00
Check Amt 0.00